

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-876)

SERIAL NO. 09-673828

APPLICANT(S)

FILING DATE

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		IND.	DEP.	IND.	DEP.	IND.	DEP.
	IND.	DEP.	IND.	DEP.	IND.	DEP.						
1	/						51					
2	/						52					
3	/						53					
4	2						54					
5	3						55					
6	①						56					
7	⑧						57					
8	⑧						58					
9	⑨						59					
10							60					
11							61					
12	2						62					
13	1						63					
14							64					
15							65					
16							66					
17							67					
18							68					
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44							94					
45							95					
46							96					
47							97					
48							98					
49							99					
50							100					
TOTAL IND.	/		/				TOTAL IND.					
TOTAL DEP.	17	↔	13	↔			TOTAL DEP.					
TOTAL CLAIMS			14				TOTAL CLAIMS					